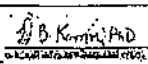


FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted NIST ATP		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 7DNANB1H3050		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Computer Aided Surgery, Inc., 300 East 33rd Street, Suite 4N, New York, NY 10016					
4. Employer Identification Number 13-3689180		5. Recipient Account Number or Identifying Number 131 068 299 665		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2001		To: (Month, Day, Year) 12/31/2001		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2001	
				To: (Month, Day, Year) 12/31/2001	
10. Transactions					
		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays				282,320.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		282,320.00	
e. Recipient's share of net outlays, consisting of:				0.00	
f. Third party (in-kind) contributions				0.00	
g. Other Federal awards authorized to be used to match this award				0.00	
h. Program income used in accordance with the matching or cost sharing alternative				0.00	
i. All other recipient outlays not shown on lines e, f, g and h				12,320.00	
j. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		12,320.00	
k. Federal share of net outlays (line d less line j)		0.00		270,000.00	
l. Total unliquidated obligations					
m. Recipient's share of unliquidated obligations					
n. Federal share of unliquidated obligations					
o. Total Federal share (sum of lines j and m)				270,000.00	
p. Total Federal funds authorized for this funding period				270,000.00	
q. Unobligated balance of Federal funds (Line p minus line n)				0.00	
Program income, consisting of:					
r. Disbursed program income shown on lines c and/or g above				0.00	
s. Disbursed program income using the addition alternative				0.00	
t. Undisbursed program income				0.00	
u. Total program income realized (Sum of lines r, s and t)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box)					
<input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation					
13. Certification. I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dr D B Karron, President				Telephone (Area code, number and extension) 212-686-8748	
Signature of Authorized Certifying Official 				Date Report Submitted January 10, 2002	

**GOVERNMENT
EXHIBIT**

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07 Cr. 541 (RPP) (ID)